

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007945

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 276 Primary Registration District No. 5947 Registrar's No. 4

FILED MAR 14 1963

1. PLACE OF DEATH a. COUNTY <u>St. James</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. James</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. James</u>		c. CITY OR TOWN <u>St. James</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>3 Mi. N. on Flag Springs Rd.</u>		d. STREET ADDRESS <u>THE 2</u>	
3. NAME OF DECEASED (Type or print) First <u>MEARS</u> Middle <u>FRANKLIN</u> Last <u>BREWSTER</u>		4. DATE OF DEATH <u>MARCH 8, 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-19-1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Pensioner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	
11. BIRTHPLACE (City and state or country) <u>Gasconade Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Calvin Brewster</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Parkey</u>	
14. NAME OF HUSBAND OR WIFE <u>Orilla Mae Foust</u>		15. SOCIAL SECURITY NO. <u>96 Mrs. Orilla Brewster</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		17. IF DECEASED WAS FEMALE, was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Sudden Coronary occlusion</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days.		INTERVAL BETWEEN ONSET AND DEATH <u>Approx. 5 min.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>3-1</u> a.m. <u>62</u> Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		21. I attended the deceased from <u>3-1-62</u> to <u>3-8-63</u> and last saw him alive on <u>12-26-62</u>	
22a. SIGNATURE <u>R. P. Bulich</u> (Degree or title)		22b. ADDRESS <u>St. James Mo.</u>	
22c. DATE SIGNED <u>3-11-1963</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>3-12-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Kindred Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Cuba Mo.</u>		23e. STATE	
24. FUNERAL DIRECTOR <u>Ruth R. Powell</u>		25. DATE RECD. BY LOCAL REG. <u>3-11-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth R. Powell</u>		27. (Licensed Embalmer's Statement on Reverse Side)	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

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Rev. 4/59

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MAR 29 1963

APR 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Paul J. Hamilton

Licensed Embalmer No. 3472

P. O. Address Cuba, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 3-11-63 R.N.P.